

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: TIMED DELAY FOR REDELIVERY OF
TREATMENT THERAPY FOR A MEDICAL
DEVICE SYSTEM

Attorney Docket Number:: 011738.00135

Request for Early Publication?: NO

Request for Non-Publication?: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 33

Small Entity?: NO

Latin name::

Variety denomination name::

Petition included?: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name:: G.
Family Name:: Frei
Name Suffix::
City of Residence:: Lawrence
State or Province of Residence:: KS
Country of Residence:: US
Street of mailing address:: 2513 Via Linda Drive
City of mailing address:: Lawrence
State or Province of mailing address:: KS
Country of mailing address:: US
Postal or Zip Code of mailing address:: 66047

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ivan
Middle Name::
Family Name:: Osorio
Name Suffix::
City of Residence:: Leawood
State or Province of Residence:: KS
Country of Residence:: US
Street of mailing address:: 4005 W. 124th Street
City of mailing address:: Leawood
State or Province of mailing address:: KS

Country of mailing address:: US
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Naresh
Middle Name:: C.
Family Name:: Bhavaraju
Name Suffix::
City of Residence:: Mission
State or Province of Residence:: KS
Country of Residence:: US
Street of mailing address:: 6909 W. 51st Place
Apt. 3B
City of mailing address:: Mission
State or Province of mailing address:: KS
Country of mailing address:: US
Postal or Zip Code of mailing address:: 66202

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: L.
Family Name:: Carlson
Name Suffix::
City of Residence:: Fridley
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 141 46th Avenue NE
City of mailing address:: Fridley

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55421

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CA
Status:: Full Capacity
Given Name:: Jonathon
Middle Name:: E.
Family Name:: Giftakis
Name Suffix::
City of Residence:: Brooklyn Park
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 3701 78th Avenue N
City of mailing address:: Brooklyn Park
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55443

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Nina
Middle Name:: M.
Family Name:: Graves
Name Suffix::
City of Residence:: Minnetonka
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 4312 Ridge Court

City of mailing address:: Minnetonka
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55391

Correspondence Information

Correspondence Customer Number:: 22908

Representative Information

Representative Customer Number:: 22908

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/504,000	09/19/03
This Application	Non-Provisional of	60/418,666	10/15/02

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Medtronic, Inc.
Street of mailing address:: 710 Medtronic Parkway, NE
MS-LC340
City of mailing address:: Mineapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55432